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FROM: Pamela M. Guy **Direct Phone:** (858) 643-1444**E-Mail:** pguy@mwe.com**Sent By:** Nhung Hoang **Direct Phone:** 858.535.9001**Client/Matter/Tkpr:** 66778-114 **Original Follow by Mail:** No**Number of Pages, Including Cover:** 14***OFFICIAL COMMUNICATION***

In re Application of
Civelli et al.
Serial No.: 09/780,576
Filed: February 9, 2001
For: ADP-GLUCOSE RECEPTOR
Group Art Unit: 1646
Examiner: R. Li
Confirmation No.: 1610

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AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66778-114 (P-UC 4530)	
SERIAL NO: 09/780,576	FILING DATE: February 9, 2001	EXAMINER: R. Li	GROUP ART UNIT: 1646 CONFIRMATION NO.: 1610
ADP-GLUCOSE RECEPTOR			

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Name (printed)
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Transmitted herewith is a Response to the telephone interview between Examiner Li and Applicant's representatives, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☐ Petition for One-Month Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed:
- ☒ Supplemental Amendment.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	20	-	53	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	4		8	-	0	x	\$42	\$	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
			YES		X NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
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Inventors: Civelli et al.
Serial No.: 09/780,576
Filed: February 9, 2001
Page 2

- ☐ Please charge my Deposit Account No. 502624 the amount of \$_____, \$_____ which covers additional claims fee of \$_____, and \$_____ for the one-month extension of time.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: March 4, 2004

Pamela M. Guy

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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
			YES		X	NO	\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

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